

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006490

**FILED**  
**Jan 17, 2005**  
**Secretary of State**

**Entity Name:** RESPECTFUL CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

1212 COLUMBINE PL  
WELLINGTON, FL 33414

**New Principal Place of Business:**

10234 OAK MEADOW LANE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

1212 COLUMBINE PL  
WELLINGTON, FL 33414

**New Mailing Address:**

10234 OAK MEADOW LANE  
LAKE WORTH, FL 33467

**FEI Number:** 03-0382200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SESPANIAK, DONNA  
1212 COLUMBINE PL  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

SESPANIAK, DONNA  
10234 OAK MEADOW LANE  
LAKE WORTH, FL 33467 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

01/17/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SESPANIAK, DONNA  
Address: 1212 COLUMBINE PL  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SESPANIAK, DONNA  
Address: 10234 OAK MEADOW LANE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DONNA SESPANIAK

DP

01/17/2005

Electronic Signature of Signing Officer or Director

Date